

<u>NEWS 1</u>	Web Page URLs for STN Seminar Schedule - N. America		
<u>NEWS 2</u>	"Ask CAS" for self-help around the clock		
<u>NEWS 3</u>	JUL 20	Powerful new interactive analysis and visualization software, STN AnaVist, now available	
<u>NEWS 4</u>	AUG 11	STN AnaVist workshops to be held in North America	
<u>NEWS 5</u>	AUG 30	CA/CAplus -Increased access to 19th century research documents	
<u>NEWS 6</u>	AUG 30	CASREACT - Enhanced with displayable reaction conditions	
<u>NEWS 7</u>	SEP 09	ACD predicted properties enhanced in REGISTRY/ZREGISTRY	
<u>NEWS 8</u>	OCT 03	MATHDI removed from STN	
<u>NEWS 9</u>	OCT 04	CA/CAplus-Canadian Intellectual Property Office (CIPO) added to core patent offices	
<u>NEWS 10</u>	OCT 06	STN AnaVist workshops to be held in North America	
<u>NEWS 11</u>	OCT 13	New CAS Information Use Policies Effective October 17, 2005	
<u>NEWS 12</u>	OCT 17	STN(R) AnaVist(TM), Version 1.01, allows the export/download of CAplus documents for use in third-party analysis and visualization tools	
<u>NEWS 13</u>	OCT 27	Free KWIC format extended in full-text databases	
<u>NEWS 14</u>	OCT 27	DIOGENES content streamlined	
<u>NEWS 15</u>	OCT 27	EPFULL enhanced with additional content	
<u>NEWS 16</u>	NOV 14	CA/CAplus - Expanded coverage of German academic research	
<u>NEWS EXPRESS</u>	JUNE 13 CURRENT WINDOWS VERSION IS V8.0, CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP), AND CURRENT DISCOVER FILE IS DATED 13 JUNE 2005		
<u>NEWS HOURS</u>	STN Operating Hours Plus Help Desk Availability		
<u>NEWS INTER</u>	General Internet Information		
<u>NEWS LOGIN</u>	Welcome Banner and News Items		
<u>NEWS PHONE</u>	Direct Dial and Telecommunication Network Access to STN		
<u>NEWS WWW</u>	CAS World Wide Web Site (general information)		

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=> file hcaplus embase biosis medline  
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FULL ESTIMATED COST

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FILE 'MEDLINE' ENTERED AT 11:14:03 ON 18 NOV 2005

=> s venflaxine?

L1 2 VENFLAXINE?

=> s venlafaxine?

L2 8963 VENLAFAXINE?

=> s l2 and enhancing () cognition?

L3 0 L2 AND ENHANCING (W) COGNITION?

=> s venlafaxine () cognition?

L4 2 VENLAFAXINE (W) COGNITION?

=> s l4 and review/dt

L5 0 L4 AND REVIEW/DT

=> d l4, ibib abs, 1-2

L4 ANSWER 1 OF 2 HCPLUS COPYRIGHT 2005 ACS on STN

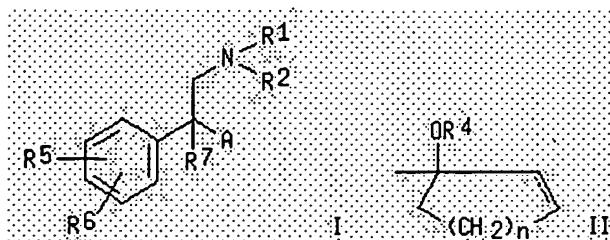
Full  Citations  
 Text  References

ACCESSION NUMBER: 1996:447080 HCPLUS  
 DOCUMENT NUMBER: 125:132796  
 TITLE: Venlafaxine and related compounds in the inducement of cognition enhancement  
 INVENTOR(S): Husbands, G. E. Morris; Abou-Gharbia, Magid A.; Moyer, John A.; Muth, Eric A.  
 PATENT ASSIGNEE(S): American Home Products Corp., USA  
 SOURCE: U.S., 6 pp., Cont.-in-part of U.S. Ser. No. 384,070, abandoned.  
 CODEN: USXXAM  
 DOCUMENT TYPE: Patent  
 LANGUAGE: English  
 FAMILY ACC. NUM. COUNT: 2  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
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<u>US 5530013</u>	A	19960625	<u>US 1995-442546</u>	19950516
<u>PRIORITY APPLN. INFO.:</u>			<u>US 1995-442546</u>	B2 19950516
			<u>US 1995-384070</u>	B1 19950206
			<u>US 1994-195417</u>	19940214

OTHER SOURCE(S): MARPAT 125:132796

GI



AB A method is provided for inducing cognition enhancement in a mammal by administration of a hydroxycycloalkanepheneethylamine compd. I [A = II (dotted line = optional unsatn.; R4 = H, alkyl, formyl, alkanol; n = 0-4); R1, R7 = H, alkyl; R2 = alkyl; R5, R6 = H, OH, alkyl, alkoxy, alkanoyloxy, cyano, nitro, alkylmercapto, amino, alkylamino, dialkylamino, alkanamido, halo, CF<sub>3</sub>, or taken together, methylene dioxy] or a pharmaceutically acceptable salt thereof. In the scopolamine-impaired radial arm maze test, venlafaxine produced significant redns. in scopolamine impairment.

L4 ANSWER 2 OF 2 HCAPLUS COPYRIGHT 2005 ACS on STN

Full  Brief  
 Text  References

ACCESSION NUMBER: 1995:792829 HCAPLUS  
 DOCUMENT NUMBER: 123:188626  
 TITLE: Venlafaxine and its analogs for inducing cognition enhancement  
 INVENTOR(S): Husbands, George Edward Morris; Abou-Gharbia, Magid Abdel-Megid; Moyer, John Allen; Muth, Eric Anthony  
 PATENT ASSIGNEE(S): American Home Products Corp., USA  
 SOURCE: Eur. Pat. Appl., 10 pp.  
 CODEN: EPXXDW  
 DOCUMENT TYPE: Patent  
 LANGUAGE: English  
 FAMILY ACC. NUM. COUNT: 2  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
<u>EP 667150</u>	A1	19950816	<u>EP 1995-300612</u>	19950131
<u>EP 667150</u>	B1	20021211		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LI, LU, NL, PT, SE				
<u>EP 1245228</u>	A2	20021002	<u>EP 2002-14620</u>	19950131
<u>EP 1245228</u>	A3	20021009		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, PT, IE				
<u>AT 229328</u>	E	20021215	<u>AT 1995-300612</u>	19950131
<u>PT 667150</u>	T	20030228	<u>PT 1995-300612</u>	19950131
<u>ES 2185683</u>	T3	20030501	<u>ES 1995-300612</u>	19950131
<u>CA 2141774</u>	AA	19950815	<u>CA 1995-2141774</u>	19950203
<u>JP 07252143</u>	A2	19951003	<u>JP 1995-23837</u>	19950213
<u>LV 13000</u>	B	20030720	<u>LV 2003-34</u>	20030317
<u>PRIORITY APPLN. INFO.:</u>			<u>US 1994-195417</u>	A 19940214
			<u>EP 1995-300612</u>	A3 19950131

OTHER SOURCE(S): MARPAT 123:188626

AB This invention provides use of a compd. to manuf. a medicament of inducing cognition enhancement. The compd. is a 2-(1-hydroxycycloalkyl or 1-hydroxycycloalkenyl)-2-phenylalkylamine deriv., preferably venlafaxine (I) and its pharmaceutically acceptable salts. I was subjected to the scopolamine-impaired radial arm maze tests with rats. I produced a significant decrease in scopolamine impairment with ED<sub>50</sub> value of 1mg/kg i.p.

\* \* \* \* \* \* \* \* \* \* \* \* \* Welcome to STN International \* \* \* \* \* \* \* \* \*

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<u>NEWS 3</u>	JUL 20 Powerful new interactive analysis and visualization software, STN AnaVist, now available
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<u>NEWS 7</u>	SEP 09 ACD predicted properties enhanced in REGISTRY/ZREGISTRY
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\* \* \* \* \* \* \* \* \* \* \* \* \* STN Columbus \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

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FULL ESTIMATED COST	0.21	0.21

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=> s venflaxine?

L1 2 VENFLAXINE?

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=> s 12 and enhancing () cognition?

L3 0 L2 AND ENHANCING (W) COGNITION?

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L4 2 VENLAFAXINE (W) COGNITION?

=> s 14 and review/dt

L5 0 L4 AND REVIEW/DT

=> d 14, ibib abs, 1-2

L4 ANSWER 1 OF 2 HCAPLUS COPYRIGHT 2005 ACS on STN

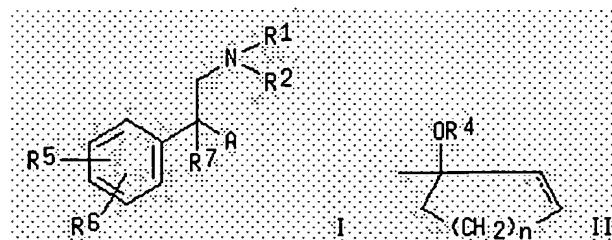
Full  Briefing  
 Text  References

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 TITLE: Venlafaxine and related compounds in the inducement of cognition enhancement  
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 PATENT ASSIGNEE(S): American Home Products Corp., USA  
 SOURCE: U.S., 6 pp., Cont.-in-part of U.S. Ser. No. 384,070, abandoned.  
 CODEN: USXXAM  
 DOCUMENT TYPE: Patent  
 LANGUAGE: English  
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PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
-----	-----	-----	-----	-----
<u>US 5530013</u>	A	19960625	<u>US 1995-442546</u>	19950516
<u>PRIORITY APPLN. INFO.:</u>			<u>US 1995-442546</u>	B2 19950516
			<u>US 1995-384070</u>	B1 19950206
			<u>US 1994-195417</u>	19940214

OTHER SOURCE(S): MARPAT 125:132796

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L4 ANSWER 2 OF 2 HCPLUS COPYRIGHT 2005 ACS on STN

Full  SEARCH  
 Text  REFERENCES

ACCESSION NUMBER: 1995:792829 HCPLUS  
 DOCUMENT NUMBER: 123:188626  
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 INVENTOR(S): Husbands, George Edward Morris; Abou-Gharbia, Magid Abdel-Megid; Moyer, John Allen; Muth, Eric Anthony  
 PATENT ASSIGNEE(S): American Home Products Corp., USA  
 SOURCE: Eur. Pat. Appl., 10 pp.  
 CODEN: EPXXDW  
 DOCUMENT TYPE: Patent  
 LANGUAGE: English  
 FAMILY ACC. NUM. COUNT: 2  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
<u>EP 667150</u>	A1	19950816	<u>EP 1995-300612</u>	19950131
<u>EP 667150</u>	B1	20021211		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LI, LU, NL, PT, SE				
<u>EP 1245228</u>	A2	20021002	<u>EP 2002-14620</u>	19950131
<u>EP 1245228</u>	A3	20021009		
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<u>AT 229328</u>	E	20021215	<u>AT 1995-300612</u>	19950131
<u>PT 667150</u>	T	20030228	<u>PT 1995-300612</u>	19950131
<u>ES 2185683</u>	T3	20030501	<u>ES 1995-300612</u>	19950131
<u>CA 2141774</u>	AA	19950815	<u>CA 1995-2141774</u>	19950203
<u>JP 07252143</u>	A2	19951003	<u>JP 1995-23837</u>	19950213
<u>LV 13000</u>	B	20030720	<u>LV 2003-34</u>	20030317
<u>PRIORITY APPLN. INFO.:</u>			<u>US 1994-195417</u>	A 19940214
			<u>EP 1995-300612</u>	A3 19950131

OTHER SOURCE(S): MARPAT 123:188626

AB This invention provides use of a compd. to manuf. a medicament of inducing cognition enhancement. The compd. is a 2-(1-hydroxycycloalkyl or 1-hydroxycycloalkenyl)-2-phenylalkylamine deriv., preferably venlafaxine (I) and its pharmaceutically acceptable salts. I was subjected to the scopolamine-impaired radial arm maze tests with rats. I produced a significant decrease in scopolamine impairment with ED<sub>50</sub> value of 1mg/kg i.p.

=> file hcapius

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY SESSION

FULL ESTIMATED COST

10.30

10.51

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)

SINCE FILE

TOTAL

ENTRY SESSION

CA SUBSCRIBER PRICE

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FILE COVERS 1907 - 18 Nov 2005 VOL 143 ISS 22  
 FILE LAST UPDATED: 17 Nov 2005 (20051117/ED)

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This file contains CAS Registry Numbers for easy and accurate substance identification.

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      0 ABOU-BHARBIA, M?/AU
      465 ULLRICH, J?/AU
L6          0 YARDLEY, J?/AU AND ABOU-BHARBIA, M?/AU AND ULLRICH, J?/AU

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L7          3 YARDLEY,J?/AU AND ULLRICH, J?/AU

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L7 ANSWER 1 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN

Full  ~~Summary~~  
 Text  ~~References~~

ACCESSION NUMBER: 2004:612494 HCAPLUS  
 DOCUMENT NUMBER: 141:140195  
 TITLE: Preparation of ethers of O-desmethyl venlafaxine for treatment of central nervous system disorders  
 INVENTOR(S): Yardley, John P.; Abou-Gharbia, Magid A.; Ullrich, John W.  
 PATENT ASSIGNEE(S): Wyeth, John, and Brother Ltd., USA  
 SOURCE: U.S. Pat. Appl. Publ., 8 pp., Cont.-in-part of U.S. Ser. No. 315,699.  
 CODEN: USXXCO  
 DOCUMENT TYPE: Patent  
 LANGUAGE: English  
 FAMILY ACC. NUM. COUNT: 2  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2004147601	A1	20040729	US 2003-692542	20031024
US 6348494	B1	20020219	US 2000-722193	20001121

US 2002037922  
US 6503942  
US 2003158253

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B2 20030107  
A1 20030821

US 2001-989000

20011121

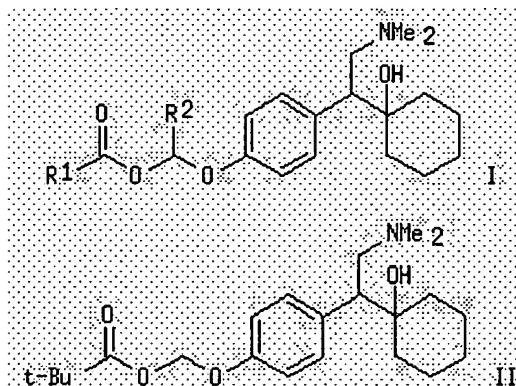
US 2002-315699  
US 1999-240922P  
US 2000-722193  
US 2001-989000  
US 2002-315699

20021210  
P 19991124  
A3 20001121  
A3 20011121  
A2 20021210

OTHER SOURCE(S):

GI

MARPAT 141:140195



AB Title O- $\alpha$ -acyloxyalkyl ethers of the venlafaxine metabolite 4-[2-(dimethylamino)-1-(1-hydroxycyclohexyl)ethyl]phenol I [wherein R1 = (cyclo)alkyl, alkoxy, cyclohexyl, 1-alkylcyclohexyl; R2 = H, alkyl; or R1CO2CHR2 = (un)substituted 1,3-dihydro-3-oxo-1-isobenzofuranyl; or pharmaceutically acceptable salts, hydrates, R, S, or RS forms thereof] were prepd. For example, 4-[2-(dimethylamino)-1-(1-hydroxycyclohexyl)ethyl]phenol was coupled with chloromethyl pivalate using anhyd. K2CO3 and KI in acetonitrile to give II. I and their pharmaceutical compns. are useful for treating central nervous system disorders (no data).

L7 ANSWER 2 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN

Full  Brief  
 Text  References

ACCESSION NUMBER: 2002:134218 HCAPLUS  
DOCUMENT NUMBER: 136:183617  
TITLE: Preparation of o-desmethyl venlafaxine  
 $\alpha$ -(alkanoyloxy)alkyl ethers as nervous system  
agents  
INVENTOR(S): Yardley, John P.; Abou-Gharbia, Magid A.; Ullrich,  
John W.  
PATENT ASSIGNEE(S): American Home Products Corporation, USA  
SOURCE: U.S., 7 pp.  
CODEN: USXXAM  
DOCUMENT TYPE: Patent  
LANGUAGE: English  
FAMILY ACC. NUM. COUNT: 2  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
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US 6348494 US 2002037922	B1 A1	20020219 20020328	US 2000-722193 US 2001-989000	20001121 20011121

<u>US 6503942</u>	B2	20030107	<u>US 2002-315699</u>	20021210
<u>US 2003158253</u>	A1	20030821	<u>US 2003-692542</u>	20031024
<u>US 2004147601</u>	A1	20040729	<u>US 1999-240922P</u>	P 19991124
<u>PRIORITY APPLN. INFO.:</u>				
			<u>US 1999-240922P</u>	P 19991124
			<u>US 2000-722193</u>	A3 20001121
			<u>US 2001-989000</u>	A3 20011121
			<u>US 2002-315699</u>	A2 20021210

OTHER SOURCE(S): MARPAT 136:183617

AB R1CO2CHR2OZ1CH(CH2NMe2)ZOH [R1 = (cyclo)alkyl, alkoxy, R3Z; R2, R3 = H or alkyl; R1R2 = (un)substituted 1,2-phenylene; Z = cyclohexylidene; Z1 = 1,4-phenylene] were prep'd. as nervous system agents (no data). Thus, 4-(RO)C6H4CH(CH2NMe2)ZOH (I; R = H) was etherified by Me3CCO2CH2Cl to give I (R = CH2O2CCMe3).

REFERENCE COUNT: 9 THERE ARE 9 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7 ANSWER 3 OF 3 HCPLUS COPYRIGHT 2005 ACS on STN

Full  Summary  
 Text  References

ACCESSION NUMBER: 2001:396833 HCPLUS  
 DOCUMENT NUMBER: 135:19427  
 TITLE: Preparation of O-desmethyl venlafaxine ethers as nervous system agents  
 INVENTOR(S): Yardley, John Patrick; Abou-gharbia, Magid Abdel-megid; Ullrich, John William  
 PATENT ASSIGNEE(S): American Home Products Corporation, USA  
 SOURCE: PCT Int. Appl., 23 pp.  
 CODEN: PIIXD2  
 DOCUMENT TYPE: Patent  
 LANGUAGE: English  
 FAMILY ACC. NUM. COUNT: 1  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
<u>WO 2001038293</u>	A1	20010531	<u>WO 2000-US31895</u>	20001121
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
<u>CA 2391288</u>	AA	20010531	<u>CA 2000-2391288</u>	20001121
<u>BR 2000015795</u>	A	20020723	<u>BR 2000-15795</u>	20001121
<u>EP 1232141</u>	A1	20020821	<u>EP 2000-980588</u>	20001121
<u>EP 1232141</u>	B1	20041006		
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<u>JP 2003514889</u>	T2	20030422	<u>JP 2001-539850</u>	20001121
<u>NZ 519130</u>	A	20030926	<u>NZ 2000-519130</u>	20001121
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<u>ZA 2002004986</u>	A	20030927	<u>ZA 2002-4986</u>	20020620

HK 1045835  
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A1 20050318

HK 2002-107379

20021009

US 1999-448268

A 19991124

WO 2000-US31895

W 20001121

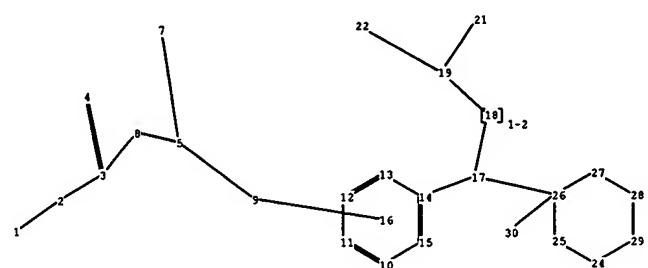
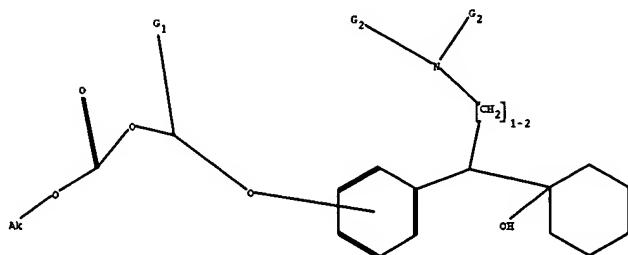
OTHER SOURCE(S): MARPAT 135:19427

AB R<sub>1</sub>CO<sub>2</sub>CHR<sub>2</sub>OZCHRCH<sub>2</sub>NMe<sub>2</sub> (R = 1-hydroxycyclohexyl and Z = 1,4-phenylene throughout) [I; R<sub>1</sub> = (cyclo)alkyl, alkoxy, (1-alkyl)cyclohexyl; R<sub>2</sub> = H or alkyl; R<sub>1</sub>R<sub>2</sub> = (un)substituted 1,2-phenylene] were prepd. as nervous system agents (no data). Thus, HOZCHRCH<sub>2</sub>NMe<sub>2</sub> was condensed with Me<sub>3</sub>CCO<sub>2</sub>CH<sub>2</sub>I in the presence of Ag<sub>2</sub>CO<sub>3</sub> to give I (R<sub>1</sub> = CMe<sub>3</sub>, R<sub>2</sub> = H).

REFERENCE COUNT: 1 THERE ARE 1 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

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File 1 of 10

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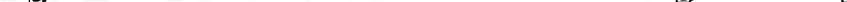
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卷之三

川口市立図書館

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ମାତ୍ରାଶବ୍ଦୀ ଶବ୍ଦାଳ୍ପିନୀ



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卷二十一

3

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卷之三

A horizontal row of ten playing cards from a standard 52-card deck. The cards are arranged side-by-side, showing their faces. From left to right, the cards are: a black King of Clubs, a red Queen of Hearts, a black Jack of Clubs, a red Ten of Hearts, a black Nine of Clubs, a red Eight of Hearts, a black Seven of Clubs, a red Six of Hearts, a black Five of Clubs, and a red Four of Hearts. Each card is oriented with its suit symbol (clubs or hearts) on the left and its numerical value on the right.

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<u>NEWS 11</u> OCT 13	New CAS Information Use Policies Effective October 17, 2005
<u>NEWS 12</u> OCT 17	STN(R) AnaVist(TM), Version 1.01, allows the export/download of CAplus documents for use in third-party analysis and visualization tools
<u>NEWS 13</u> OCT 27	Free KWIC format extended in full-text databases
<u>NEWS 14</u> OCT 27	DIOGENES content streamlined
<u>NEWS 15</u> OCT 27	EPFULL enhanced with additional content
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NEWS EXPRESS JUNE 13 CURRENT WINDOWS VERSION IS V8.0, CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP), AND CURRENT DISCOVER FILE IS DATED 13 JUNE 2005

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FULL ESTIMATED COST	0.21	0.21

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 \* effective March 20, 2005. A new display format, IDERL, is now \*  
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=>  
 Uploading structure

L1 STRUCTURE uploaded

=> d 11  
 L1 HAS NO ANSWERS  
 L1 STR

=> s 11  
 SAMPLE SEARCH INITIATED 10:00:52 FILE 'REGISTRY'  
 SAMPLE SCREEN SEARCH COMPLETED - 0 TO ITERATE

100.0% PROCESSED 0 ITERATIONS 0 ANSWERS  
 SEARCH TIME: 00.00.01

FULL FILE PROJECTIONS: ONLINE \*\*COMPLETE\*\*  
 BATCH \*\*COMPLETE\*\*  
 PROJECTED ITERATIONS: 0 TO 0  
 PROJECTED ANSWERS: 0 TO 0

L2 0 SEA SSS SAM L1

=> s 11 full.  
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 DO YOU WANT TO CONTINUE WITH THIS REQUEST? (Y)/N or END:y  
 FULL SEARCH INITIATED 10:00:58 FILE 'REGISTRY'  
 FULL SCREEN SEARCH COMPLETED - 0 TO ITERATE

100.0% PROCESSED 0 ITERATIONS 0 ANSWERS  
 SEARCH TIME: 00.00.01

L3 0 SEA SSS FUL L1

=> file hcapiplus embase medline biosis  
 COST IN U.S. DOLLARS  
 FULL ESTIMATED COST

SINCE FILE ENTRY	TOTAL SESSION
170.36	170.57

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FILE 'MEDLINE' ENTERED AT 10:06:13 ON 18 NOV 2005

FILE 'BIOSIS' ENTERED AT 10:06:13 ON 18 NOV 2005  
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=> s venlafaxine?  
 L4 8963 VENLAFAXINE?

=> s analog? or metabolite?  
 L5 1901208 ANALOG? OR METABOLITE?

=> s 15 () 14  
 L6 2 L5 (W) L4

=> s 16 and review/dt  
 L7 0 L6 AND REVIEW/DT

=> s 16 and 14  
 L8 2 L6 AND L4

=> s acyloxyalkyl () ether?  
 L9 9 ACYLOXYALKYL (W) ETHER?

=> s 19 () 14  
 L10 0 L9 (W) L4

=> s 19 and 14  
 L11 3 L9 AND L4

=> s 111 and review/dt  
 L12 0 L11 AND REVIEW/DT

=> d 111, ibib abs, 1-3

L11 ANSWER 1 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN



ACCESSION NUMBER: 2004:612494 HCAPLUS  
 DOCUMENT NUMBER: 141:140195  
 TITLE: Preparation of ethers of O-desmethyl **venlafaxine** for treatment of central nervous system disorders  
 INVENTOR(S): Yardley, John P.; Abou-Gharbia, Magid A.; Ullrich, John W.  
 PATENT ASSIGNEE(S): Wyeth, John, and Brother Ltd., USA

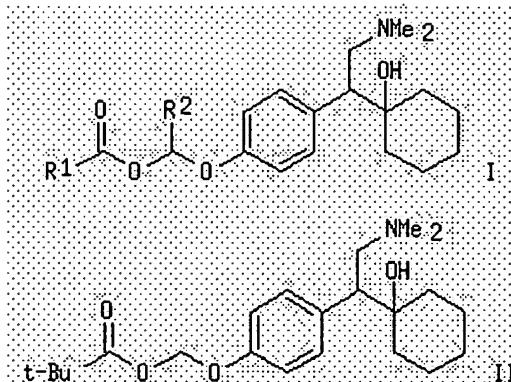
SOURCE: U.S. Pat. Appl. Publ., 8 pp., Cont.-in-part of U.S.  
 Ser. No. 315,699.  
 CODEN: USXXCO

DOCUMENT TYPE: Patent  
 LANGUAGE: English  
 FAMILY ACC. NUM. COUNT: 2

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
<u>US 2004147601</u>	A1	20040729	<u>US 2003-692542</u>	20031024
<u>US 6348494</u>	B1	20020219	<u>US 2000-722193</u>	20001121
<u>US 2002037922</u>	A1	20020328	<u>US 2001-989000</u>	20011121
<u>US 6503942</u>	B2	20030107		
<u>US 2003158253</u>	A1	20030821	<u>US 2002-315699</u>	20021210
<u>PRIORITY APPLN. INFO.:</u>			<u>US 1999-240922P</u>	P 19991124
			<u>US 2000-722193</u>	A3 20001121
			<u>US 2001-989000</u>	A3 20011121
			<u>US 2002-315699</u>	A2 20021210

OTHER SOURCE(S): MARPAT 141:140195  
 GI



AB Title O- $\alpha$ -acyloxyalkyl ethers of the **venlafaxine** metabolite 4-[2-(dimethylamino)-1-(1-hydroxycyclohexyl)ethyl]phenol I [wherein R1 = (cyclo)alkyl, alkoxy, cyclohexyl, 1-alkylcyclohexyl; R2 = H, alkyl; or R1CO2CHR2 = (un)substituted 1,3-dihydro-3-oxo-1-isobenzofuranyl; or pharmaceutically acceptable salts, hydrates, R, S, or RS forms thereof] were prep'd. For example, 4-[2-(dimethylamino)-1-(1-hydroxycyclohexyl)ethyl]phenol was coupled with chloromethyl pivalate using anhyd. K2CO3 and KI in acetonitrile to give II. I and their pharmaceutical compns. are useful for treating central nervous system disorders (no data).

L11 ANSWER 2 OF 3 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN

Full  ~~OBIG~~  
 Text  ~~ScienceDirect~~

ACCESSION NUMBER: 2003:122211 BIOSIS  
 DOCUMENT NUMBER: PREV200300122211  
 TITLE: Ethers of O-Desmethyl **venlafaxine**.  
 AUTHOR(S): Yardley, John P. [Inventor, Reprint Author]; Abou-Gharbia, Magid A. [Inventor]; Ullrich, John W. [Inventor]  
 CORPORATE SOURCE: King of Prussia, PA, USA  
 ASSIGNEE: Wyeth

PATENT INFORMATION: US 6503942 20030107

SOURCE: Official Gazette of the United States Patent and Trademark Office Patents, (Jan 7 2003) Vol. 1266, No. 1.  
<http://www.uspto.gov/web/menu/patdata.html>. e-file.  
 ISSN: 0098-1133 (ISSN print).

DOCUMENT TYPE: Patent

LANGUAGE: English

ENTRY DATE: Entered STN: 5 Mar 2003

Last Updated on STN: 5 Mar 2003

AB This invention provides O-alpha-acyloxyalkyl ethers of the **venlafaxine** metabolite 4-[2-(Dimethylamino-1-(1-hydroxycyclohexyl)ethyl]phenol, represented by Formula (I): ##STR1## wherein: the configuration at the steriogenic center (\*) may be R, S, or RS (the racemate); R1 is selected from C1 -C6 alkyl, C1 -C6 alkoxy, C3 -C6 cycloalkyl, or the moiety: ##STR2## R2 is selected from H, or C1 -C6 alkyl; or, R1 and R2 may be concatenated such that ##STR3## form a moiety having formula (b): ##STR4## R3 is selected from H or C1 -C6 alkyl; and R4 and R5 are independently selected from H, C1 -C6 alkyl, C3 -C6 cycloalkyl, C1 -C6 alkoxy, C1 -C6 thioalkoxy, --CN, --OH, --CF3, --OCF3, halogen, --NH2, --NO2, or mono or dialkylamino wherein each alkyl group has 1 to 6 carbon atoms, or pharmaceutically acceptable salts or hydrates thereof, R, S, or RS forms thereof; as well as pharmaceutical compositions and methods treating central nervous system disorders.

L11 ANSWER 3 OF 3 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN

Full  Current  
 Text  References

ACCESSION NUMBER: 2002:198020 BIOSIS

DOCUMENT NUMBER: PREV200200198020

TITLE: Ethers of o-desmethyl **venlafaxine**.

AUTHOR(S): Yardley, John P. [Inventor, Reprint author]; Abou-Gharbia, Magid A. [Inventor]; Ullrich, John W. [Inventor]

CORPORATE SOURCE: King of Prussia, PA, USA

ASSIGNEE: American Home Products Corporation

PATENT INFORMATION: US 6348494 20020219

SOURCE: Official Gazette of the United States Patent and Trademark Office Patents, (Feb. 19, 2002) Vol. 1255, No. 3.  
<http://www.uspto.gov/web/menu/patdata.html>. e-file.

CODEN: OGUPET. ISSN: 0098-1133.

DOCUMENT TYPE: Patent

LANGUAGE: English

ENTRY DATE: Entered STN: 13 Mar 2002

Last Updated on STN: 13 Mar 2002

AB This invention provides O-alpha-acyloxyalkyl ethers of the **venlafaxine** metabolite 4-[2-(Dimethylamino-1-(1-hydroxycyclohexyl)ethyl]phenol, represented by Formula (I): ##STR1## wherein: the configuration at the steriogenic center (\*) may be R, S, or RS (the racemate); wherein radicals R1, R2, R3, R4, and R5 are as defined in the specification; as well as pharmaceutical compositions and methods treating central nervous system disorders.

=> d his

(FILE 'HOME' ENTERED AT 09:53:06 ON 18 NOV 2005)

FILE 'REGISTRY' ENTERED AT 09:53:15 ON 18 NOV 2005

L1 STRUCTURE UPLOADED

L2 0 S L1

L3 0 S L1 FULL

FILE 'HCAPLUS, EMBASE, MEDLINE, BIOSIS' ENTERED AT 10:06:13 ON 18 NOV 2005  
L4        8963 S VENLAFAXINE?  
L5        1901208 S ANALOG? OR METABOLITE?  
L6        2 S L5 () L4  
L7        0 S L6 AND REVIEW/DT  
L8        2 S L6 AND L4  
L9        9 S ACYLOXYALKYL () ETHER?  
L10      0 S L9 () L4  
L11      3 S L9 AND L4  
L12      0 S L11 AND REVIEW/DT  
  
=> s central () nervous () system () disorder?  
L13      3133 CENTRAL (W) NERVOUS (W) SYSTEM (W) DISORDER?  
  
=> s l13 () l4  
L14      0 L13 (W) L4  
  
=> s l13 and l4  
L15      6 L13 AND L4  
  
=> s l15 and review/dt  
L16      0 L15 AND REVIEW/DT  
  
=> s l15 and l11  
L17      3 L15 AND L11  
  
=> s l15 not l11  
L18      3 L15 NOT L11  
  
=> d l18, ibib abs, 1-3

L18 ANSWER 1 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN

Full  Standard  
 Text  References

ACCESSION NUMBER: 2002:143294 HCAPLUS  
DOCUMENT NUMBER: 136:189323  
TITLE: Preparation and pharmaceutical formulation of enantiomers of O-desmethyl venlafaxine  
INVENTOR(S): Yardley, John P.; Asselin, Andre A.  
PATENT ASSIGNEE(S): American Home Products Corporation, USA  
SOURCE: U.S. Pat. Appl. Publ., 8 pp., Cont. of U.S. Ser. No. 590,741, abandoned.  
CODEN: USXXCO  
DOCUMENT TYPE: Patent  
LANGUAGE: English  
FAMILY ACC. NUM. COUNT: 2  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2002022662	A1	20020221	US 2001-957908	20010921
US 2002161055	A1	20021031	US 2002-154994	20020523
US 2003149112	A1	20030807	US 2003-373145	20030224
US 2004176468	A1	20040909	US 2004-799321	20040312
<u>PRIORITY APPLN. INFO.:</u>			US 1999-183029P	P 19990615
			US 2000-590741	B1 20000608
			US 2001-957908	A1 20010921
			US 2002-154994	B1 20020523
			US 2003-373145	A1 20030224

AB This invention provides pharmaceutically active enantiomers of the **venlafaxine** metabolite O-Desmethyl **venlafaxine**, R(-)-4-[2-(Dimethylamino)-1-(1-hydroxycyclohexyl)ethyl]phenol or R(-)1-[2-(dimethylamino)-1-(4-hydroxyphenyl)ethyl]cyclohexanol (I), and S(+)1-[2-(Dimethylamino)-1-(4-hydroxyphenyl)ethyl]cyclohexanol or S(+)4-[2-(Dimethylamino)-1-(1-hydroxycyclohexyl)ethyl]phenol, or one or more pharmaceutically acceptable salts or salt hydrates thereof, as well as pharmaceutical compns. utilizing these enantiomers and methods of using the enantiomers to treat, inhibit or control **central nervous system disorders**. To a soln. of 1-[2-(Dimethylamino)-1-(4-methoxyphenyl)ethyl]-cyclohexanol free base (prepn. given) in EtOAc at room temp. was added at once to a soln. of (+)-Di-para toluoyl-D-tartaric acid-monohydrate (DT(-)T) and was stirred at room temp. for 1 h. The resulting ppt. was filtered off, washed with EtOAc, dried overnight at 35° in a vacuum oven to provide crude R(-)-1-[2-(dimethylamino)-1-(4-methoxyphenyl)-ethyl]cyclohexanol DT(-)T salt (yield = 92.8%) as a white solid. The solid was recrystd., and treated with sodium hydroxide soln. to obtain I base which was sepd. and purified. Neurotransmitter uptake inhibition activity of the enantiomers were studied in rats. Pharmaceutical formulations of different enantiomers are disclosed.

L18 ANSWER 2 OF 3 EMBASE COPYRIGHT (c) 2005 Elsevier B.V. All rights

Full  Listing  
 Text  References

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ACCESSION NUMBER: 2004192011 EMBASE  
 TITLE: Pregabalin Pfizer.  
 AUTHOR: Huckle R.  
 CORPORATE SOURCE: R. Huckle, Axovan Ltd., Innovation Center, Gewerbestrasse 16, CH-4123 Allschwil, Switzerland.  
richard.huckle@axovan.com  
 SOURCE: Current Opinion in Investigational Drugs, (2004) Vol. 5, No. 1, pp. 82-89.  
 ISSN: 1472-4472 CODEN: CIDREE  
 COUNTRY: United Kingdom  
 DOCUMENT TYPE: Journal; Article  
 FILE SEGMENT: 008 Neurology and Neurosurgery  
 030 Pharmacology  
 032 Psychiatry  
 037 Drug Literature Index  
 038 Adverse Reactions Titles  
 050 Epilepsy  
 LANGUAGE: English  
 SUMMARY LANGUAGE: English  
 ENTRY DATE: Entered STN: 20040520  
 Last Updated on STN: 20040520

AB Pregabalin is a  $\gamma$ -aminobutyric acid analog that is under development by Pfizer for the potential treatment of **central nervous system disorders**, including epilepsy, neuropathic pain, fibromyalgia and generalized anxiety disorder. By April 2003, Pfizer had filed for approval of pregabalin in Europe for neuropathic pain and as an adjunctive therapy for epilepsy, and in October 2003 an NDA was filed for these indications and generalized anxiety disorder. At this time, phase III trials in fibromyalgia were ongoing. ? Thomson Scientific.

L18 ANSWER 3 OF 3 MEDLINE on STN

Full  Listing  
 Text  References

ACCESSION NUMBER: 2004142534 MEDLINE  
 DOCUMENT NUMBER: PubMed ID: 15035061

TITLE: [Detection of new antidepressive agents using thin-layer chromatography].  
 Prukaz nekterych novych antidepresiv chromatografii na tenke vrstve.  
 AUTHOR: Novakova E  
 CORPORATE SOURCE: Ustav soudniho lekarstvi a toxikologie, VFN a 1. LF UK, Praha.  
 SOURCE: Soudni lekarstvi / casopis Sekce soudniho lekarstvi Cs. lekarske spolecnosti J. Ev. Purkyne, (2004 Jan) 49 (1) 2-6. Journal code: 9601665. ISSN: 0371-1854.  
 PUB. COUNTRY: Czech Republic  
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
 LANGUAGE: Czech  
 FILE SEGMENT: Priority Journals  
 ENTRY MONTH: 200405  
 ENTRY DATE: Entered STN: 20040324  
 Last Updated on STN: 20040526  
 Entered Medline: 20040525

AB Series of new antidepressants appeared in the treatment of **central nervous system disorders** in the last years. Into this group belong:  
 1. antidepressants of the 3rd generation which selectively inhibit serotonin reuptake; 2. thymoleptics--a group of compounds which have no anticholinergic effects and act as noradrenaline reuptake inhibitors or noradrenaline and serotonin reuptake inhibitors; 3. antipsychotics from the group of selective serotonin and dopamine antagonists. All they have less undesirable side-effects than classical tricyclic antidepressants of the first generation and thymoleptics of the second generation. Thus they are nowadays more often used as the drugs of the first choice and are therefore met more often in the biological material analyzed in toxicological laboratories. This contribution deals with the detection and identification of paroxetine, sertraline, **venlafaxine**, mirtazapine, tianeptine, risperidone and quetiapine in urine by thin layer chromatography.

=> d his

(FILE 'HOME' ENTERED AT 09:53:06 ON 18 NOV 2005)

FILE 'REGISTRY' ENTERED AT 09:53:15 ON 18 NOV 2005

L1           STRUCTURE UPLOADED  
 L2           0 S L1  
 L3           0 S L1 FULL

FILE 'HCAPLUS, EMBASE, MEDLINE, BIOSIS' ENTERED AT 10:06:13 ON 18 NOV 2005

L4           8963 S VENLAFAXINE?  
 L5           1901208 S ANALOG? OR METABOLITE?  
 L6           2 S L5 () L4  
 L7           0 S L6 AND REVIEW/DT  
 L8           2 S L6 AND L4  
 L9           9 S ACYLOXYALKYL () ETHER?  
 L10          0 S L9 () L4  
 L11          3 S L9 AND L4  
 L12          0 S L11 AND REVIEW/DT  
 L13          3133 S CENTRAL () NERVOUS () SYSTEM () DISORDER?  
 L14          0 S L13 () L4  
 L15          6 S L13 AND L4  
 L16          0 S L15 AND REVIEW/DT  
 L17          3 S L15 AND L11  
 L18          3 S L15 NOT L11

=> s depression? or generalized () anxiety () disorder? or panic () disorder? or pos  
L19 581669 DEPRESSION? OR GENERALIZED (W) ANXIETY (W) DISORDER? OR PANIC  
(W) DISORDER? OR POST (W) TRAUMATIC (W) STRESS (W) DISORDER? OR  
ATTENTION (W) DEFICIT (W) DISORDER?

=> s 119 () 14  
L20 37 L19 (W) L4

=> s 120 and review/dt  
L21 9 L20 AND REVIEW/DT

=> d 121, ibib abs, 1-9

L21 ANSWER 1 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN

Full	Cited
Text	References

ACCESSION NUMBER: 2003:781259 HCAPLUS  
DOCUMENT NUMBER: 139:316491  
TITLE: Venlafaxine: a 2003 update  
AUTHOR(S): Gutierrez, Mary A.; Stimmel, Glen L.; Also, Janet Y.  
CORPORATE SOURCE: School of Pharmacy, University of Southern California,  
Los Angeles, CA, USA  
SOURCE: Clinical Therapeutics (2003), 25(8), 2138-2154  
CODEN: CLTHDG; ISSN: 0149-2918  
PUBLISHER: Excerpta Medica, Inc.  
DOCUMENT TYPE: Journal; General Review  
LANGUAGE: English

AB A review. This review focuses on newer issues of treatment remission in depression, treatment-resistant depression, and extended-release venlafaxine for generalized anxiety disorder (GAD). Methods: Relevant clin. literature from 1993 through 2003 was identified from database searches of MEDLINE and International Pharmaceutical Abstrs., and from manual searches of ref. lists of the identified papers. With its dual action of serotonin and noradrenergic reuptake inhibition, venlafaxine has been shown to be superior in efficacy to selective serotonin reuptake inhibitors for severe major depressive disorder, treatment-resistant depression, and depressive symptom remission. Its demonstrated efficacy for both short- and long-term treatment of GAD has led to its use for obsessive-compulsive disorder and chronic pain syndromes, although inadequate clin. literature currently exists to support these latter 2 uses. In the past decade, no new or unexpected adverse events have been identified with venlafaxine therapy, except a possibly greater risk of fatal overdose compared with other serotonergic drugs, suggesting the need for caution in patients with suicidal ideation. Because venlafaxine is a potent serotonin agonist, caution must also be exercised to prevent the possibility of serotonin syndrome when used with other serotonin agonists, and its dose should be tapered very gradually to minimize the risk of a serotonin withdrawal reaction. Venlafaxine has emerged as a successful post-SSRI-era antidepressant with an expanded range of uses since it was first marketed.

REFERENCE COUNT: 75 THERE ARE 75 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L21 ANSWER 2 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN

Full	Cited
Text	References

ACCESSION NUMBER: 2001:776278 HCAPLUS  
DOCUMENT NUMBER: 136:63510  
TITLE: Attaining remission in **generalized anxiety**

**AUTHOR(S):** disorder: Venlafaxine extended release comparative data  
**CORPORATE SOURCE:** Sheehan, David V.  
**SOURCE:** Institute for Research in Psychiatry, University of South Florida, Tampa, FL, 33613, USA  
**PUBLISHER:** Journal of Clinical Psychiatry (2001), 62(Suppl. 19), 26-31  
**DOCUMENT TYPE:** CODEN: JCLPDE; ISSN: 0160-6689  
**LANGUAGE:** Physicians Postgraduate Press, Inc.  
**English**

**AB** A review. Generalized anxiety disorder (GAD) is a chronic mental disorder that is characterized by excessive anxiety or worry. Traditionally, the treatment goal for GAD has been the attainment of a treatment response, clin. defined as a 40% to 50% symptomatic improvement relative to baseline. However, there is growing consensus among clin. psychiatrists that the treatment goal should be remission, a virtually asymptomatic state that corresponds to a score of ? 7 on the Hamilton Rating Scale for Anxiety (HAM-A) or a ? 70% symptomatic improvement from baseline. Venlafaxine extended release (XR), a serotonin-norepinephrine reuptake inhibitor, is the first pharmacotherapeutic agent to be indicated for both depression and GAD. This article reviews the efficacy data from several short-and long-term placebo-controlled studies of venlafaxine conducted to evaluate the potential of this agent to facilitate remission. Total scores on the HAM-A and the Clin. Global Impressions scale were used as the primary variables; scores for the HAM-A psychic and somatic anxiety factors and for the Hospital Anxiety and Depression scale were used as secondary variables. Venlafaxine XR showed a substantial effect size in the individual HAM-A items of worry, anxiety, and behavior at interview. The pooled anal. of 2 long-term studies indicated that the scores of venlafaxine remitters sepd. from those of responders by the second month, resulting in an overall increase in remitters. The results of these studies demonstrate the strong potential of venlafaxine XR in facilitating remission in GAD.

**REFERENCE COUNT:** 30 THERE ARE 30 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L21 ANSWER 3 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN

Full Text	<input type="checkbox"/>
	<input checked="" type="checkbox"/>

**ACCESSION NUMBER:** 2000:596373 HCAPLUS  
**DOCUMENT NUMBER:** 134:65678  
**TITLE:** New indications for antidepressants  
**AUTHOR(S):** Schatzberg, Alan F.  
**CORPORATE SOURCE:** Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, 94305-5548, USA  
**SOURCE:** Journal of Clinical Psychiatry (2000), 61(Suppl. 11), 9-17  
**PUBLISHER:** CODEN: JCLPDE; ISSN: 0160-6689  
**DOCUMENT TYPE:** Physicians Postgraduate Press, Inc.  
**LANGUAGE:** Journal; General Review  
**English**

**AB** A review with 73 refs. The second and third generation of antidepressants, i.e., the selective serotonin reuptake inhibitors, nefazodone, venlafaxine, and mirtazapine, are proving to be useful in a variety of seemingly diverse disorders, including most anxiety disorders. In addn. to receiving approval from the U.S. Food and Drug Administration (FDA) for major depressive disorder, some of the newer antidepressants have received FDA approval for other disorders, e.g., generalized

**anxiety disorder (venlafaxine), bulimia nervosa (fluoxetine), obsessive-compulsive disorder (fluvoxamine, paroxetine, sertraline, and fluoxetine), social phobia (paroxetine), panic disorder (sertraline, paroxetine), and posttraumatic stress disorder (sertraline). In controlled studies, these agents have also shown usefulness in premenstrual dysphoric disorder, borderline personality disorder, obesity, smoking cessation, and alcoholism. This article describes the new and potential indications for recently developed antidepressants and the studies that suggested these indications.**

REFERENCE COUNT: 73 THERE ARE 73 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L21 ANSWER 4 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN

Full Text	Subject References
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ACCESSION NUMBER: 1999:402615 HCAPLUS  
 DOCUMENT NUMBER: 131:82427  
 TITLE: Efficacy of SSRIs and newer antidepressants in severe depression: comparison with TCAs  
 AUTHOR(S): Hirschfeld, Robert M. A.  
 CORPORATE SOURCE: Department of Psychiatry and Behavioral Sciences, The University of Texas-Medical Branch, Galveston, TX, 77555, USA  
 SOURCE: Journal of Clinical Psychiatry (1999), 60(5), 326-335  
 CODEN: JCLPDE; ISSN: 0160-6689  
 PUBLISHER: Physicians Postgraduate Press, Inc.  
 DOCUMENT TYPE: Journal; General Review  
 LANGUAGE: English

AB A review with 58 refs. The significant morbidity and mortality assocd. with severe depression and its psychotic or melancholic subtypes necessitate effective and well-tolerated therapy. This review evaluates antidepressant treatments for patients with severe depression. Comparative clin. trials conducted on patients with severe depression were found by an English-language MEDLINE search (1985 to present). Addnl. studies were identified in article bibliogs. Search terms included depressive disorders, depression and severe, hospitalized, melancholic or melancholia, psychotic, and endogenous. Evidence for efficacy of SSRIs in severe or melancholic depression comes from a small but growing no. of controlled studies with adequate samples, as well as meta-analyses and retrospective subgroup anal. of premarketing trials. In studies that defined response as a 50% or greater redn. in Hamilton Rating Scale for Depression (HAM-D) scores, response rates ranged from 53% to 64% for SSRIs and 43% to 70% for TCAs. In sep. trials on severe depression, **venlafaxine** and mirtazapine were both more effective than placebo and an active comparator. Nefazodone and bupropion were each found to be more effective than placebo in studies of severe depression. Venlafaxine and mirtazapine have been found to be more effective than fluoxetine. SSRIs and TCAs are comparably effective for the treatment of severe or melancholic depression. SSRIs and other newer agents appear to be better tolerated than TCAs, specifically lacking adverse anticholinergic and cardiovascular effects that may limit the use of TCAs. Emerging data with venlafaxine and mirtazapine in severely depressed patients with or without melancholia support the efficacy of these treatments. Nefazodone and bupropion were found to be effective in hospitalized depressed patients. Electroconvulsive therapy (ECT) or combined antidepressant therapy may be useful in some patients with severe depression. Patients with severe psychotic depression may respond better to an antipsychotic-antidepressant combination.

REFERENCE COUNT: 58 THERE ARE 58 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L21 ANSWER 5 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN

Full  Abstract  
 Text  References

ACCESSION NUMBER: 1995:424176 HCAPLUS  
 DOCUMENT NUMBER: 122:177504  
 TITLE: Venlafaxine: a review of its pharmacology and therapeutic potential in depression  
 AUTHOR(S): Holliday, Stephen M.; Benfield, Paul  
 CORPORATE SOURCE: Adis International Limited, Auckland, N. Z.  
 SOURCE: Drugs (1995), 49(2), 280-94  
 CODEN: DRUGAY; ISSN: 0012-6667

DOCUMENT TYPE: Journal; General Review

LANGUAGE: English

AB A review with 61 refs. Venlafaxine is a phenylethylamine deriv. which facilitates neurotransmission in the brain by blocking presynaptic reuptake of serotonin (5-hydroxytryptamine; 5-HT) and noradrenaline (norepinephrine). Clin. data from patients with major depression are consistent with the favorable efficacy and tolerability profile of venlafaxine predicted by pharmacodynamic studies. In patients with major depression, venlafaxine 75 to 375 mg/day administered for 6 wk was significantly more effective than placebo, and at least as effective as imipramine, clomipramine, trazodone or fluoxetine. Venlafaxine is well tolerated, being assocd. with fewer anticholinergic and CNS adverse effects than tricyclic antidepressants. Unlike the tricyclic antidepressants, venlafaxine does not appear to significantly affect cardiac conduction, although there have been a few reports of modest increases in blood pressure, particularly after high doses of the drug. In conclusion, wider clin. experience is required to better characterize and confirm potential advantages of venlafaxine compared with other antidepressant agents. These advantages may include a rapid onset of action and reduced propensity to cause anticholinergic effects and cardiotoxicity compared with tricyclic antidepressants. Nevertheless, at this stage venlafaxine offers a more attractive treatment option than tricyclic antidepressants for patients with major depression, primarily because of its good overall tolerability profile.

// RML.D8

L21 ANSWER 6 OF 9 MEDLINE on STN

Full  Abstract  
 Text  References

ACCESSION NUMBER: 2001531829 MEDLINE  
 DOCUMENT NUMBER: PubMed ID: 11577788  
 TITLE: Attaining remission in generalized anxiety disorder: venlafaxine extended release comparative data.  
 AUTHOR: Sheehan D V  
 CORPORATE SOURCE: Institute for Research in Psychiatry, University of South Florida, Tampa 33613, USA.. [dsheehan@hsc.usf.edu](mailto:dsheehan@hsc.usf.edu)  
 SOURCE: Journal of clinical psychiatry, (2001) 62 Suppl 19 26-31.  
 Ref: 30  
 Journal code: 7801243. ISSN: 0160-6689.  
 PUB. COUNTRY: United States  
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
 General Review; (REVIEW)  
 (REVIEW, TUTORIAL)  
 LANGUAGE: English  
 FILE SEGMENT: Priority Journals  
 ENTRY MONTH: 200110  
 ENTRY DATE: Entered STN: 20011002  
 Last Updated on STN: 20011008  
 Entered Medline: 20011004

AB Generalized anxiety disorder (GAD) is a chronic mental disorder that is characterized by excessive anxiety or worry. Traditionally, the treatment goal for GAD has been the attainment of a treatment response, clinically defined as a 40% to 50% symptomatic improvement relative to baseline. However, there is growing consensus among clinical psychiatrists that the treatment goal should be remission, a virtually asymptomatic state that corresponds to a score of < or = 7 on the Hamilton Rating Scale for Anxiety (HAM-A) or a > or = 70% symptomatic improvement from baseline. Venlafaxine extended release (XR), a serotonin-norepinephrine reuptake inhibitor, is the first pharmacotherapeutic agent to be indicated for both depression and GAD. This article reviews the efficacy data from several short- and long-term placebo-controlled studies of venlafaxine conducted to evaluate the potential of this agent to facilitate remission. Total scores on the HAM-A and the Clinical Global Impressions scale were used as the primary variables; scores for the HAM-A psychic and somatic anxiety factors and for the Hospital Anxiety and Depression scale were used as secondary variables. Venlafaxine XR showed a substantial effect size in the individual HAM-A items of worry, anxiety, and behavior at interview. The pooled analysis of 2 long-term studies indicated that the scores of venlafaxine remitters separated from those of responders by the second month, resulting in an overall increase in remitters. The results of these studies demonstrate the strong potential of venlafaxine XR in facilitating remission in GAD.

L21 ANSWER 7 OF 9 MEDLINE on STN

Full Text	Cited References
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ACCESSION NUMBER: 2000387069 MEDLINE  
 DOCUMENT NUMBER: PubMed ID: 10926050  
 TITLE: New indications for antidepressants.  
 COMMENT: Comment in: J Clin Psychiatry. 2001 Oct;62(10):829-30.  
 PubMed ID: 11816876  
 AUTHOR: Schatzberg A F  
 CORPORATE SOURCE: Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Calif 94305-5548, USA.  
 SOURCE: Journal of clinical psychiatry, (2000) 61 Suppl 11 9-17.  
 Ref: 73  
 Journal code: 7801243. ISSN: 0160-6689.  
 PUB. COUNTRY: United States  
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
 General Review; (REVIEW)  
 (REVIEW, TUTORIAL)  
 LANGUAGE: English  
 FILE SEGMENT: Priority Journals  
 ENTRY MONTH: 200008  
 ENTRY DATE: Entered STN: 20000818  
 Last Updated on STN: 20020426  
 Entered Medline: 20000804

AB The second and third generation of antidepressants, i.e., the selective serotonin reuptake inhibitors, nefazodone, venlafaxine, and mirtazapine, are proving to be useful in a variety of seemingly diverse disorders, including most anxiety disorders. In addition to receiving approval from the U.S. Food and Drug Administration (FDA) for major depressive disorder, some of the newer antidepressants have received FDA approval for other disorders, e.g., **generalized anxiety disorder (venlafaxine)**, bulimia nervosa (fluoxetine), obsessive-compulsive disorder (fluvoxamine, paroxetine, sertraline, and fluoxetine), social phobia (paroxetine), panic disorder (sertraline, paroxetine), and posttraumatic stress disorder (sertraline). In controlled studies, these agents have also shown usefulness in premenstrual dysphoric disorder, borderline personality

disorder, obesity, smoking cessation, and alcoholism. This article describes the new and potential indications for recently developed antidepressants and the studies that suggested these indications.

L21 ANSWER 8 OF 9

MEDLINE on STN

Full Text	Cited References
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ACCESSION NUMBER: 1999289288 MEDLINE  
 DOCUMENT NUMBER: PubMed ID: 10362442  
 TITLE: Efficacy of SSRIs and newer antidepressants in severe depression: comparison with TCAs.  
 AUTHOR: Hirschfeld R M  
 CORPORATE SOURCE: Department of Psychiatry and Behavioral Sciences, The University of Texas-Medical Branch, Galveston 77555, USA.  
 SOURCE: Journal of clinical psychiatry, (1999 May) 60 (5) 326-35.  
 Ref: 58  
 Journal code: 7801243. ISSN: 0160-6689.  
 PUB. COUNTRY: United States  
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
 General Review; (REVIEW)  
 (REVIEW, TUTORIAL)  
 LANGUAGE: English  
 FILE SEGMENT: Priority Journals  
 ENTRY MONTH: 199906  
 ENTRY DATE: Entered STN: 19990628  
 Last Updated on STN: 19990628  
 Entered Medline: 19990611

**AB** BACKGROUND: The significant morbidity and mortality associated with severe depression and its psychotic or melancholic subtypes necessitate effective and well-tolerated therapy. This review evaluates antidepressant treatments for patients with severe depression. DATA SOURCES: Comparative clinical trials conducted on patients with severe depression were found by an English-language MEDLINE search (1985 to present). Additional studies were identified in article bibliographies. Search terms included depressive disorders, depression and severe, hospitalized, melancholic or melancholia, psychotic, and endogenous. STUDY FINDINGS: Evidence for efficacy of SSRIs in severe or melancholic depression comes from a small but growing number of controlled studies with adequate samples, as well as meta-analyses and retrospective subgroup analysis of premarketing trials. In studies that defined response as a 50% or greater reduction in Hamilton Rating Scale for Depression (HAM-D) scores, response rates ranged from 53% to 64% for SSRIs and 43% to 70% for TCAs. In separate trials on severe depression, venlafaxine and mirtazapine were both more effective than placebo and an active comparator. Nefazodone and bupropion were each found to be more effective than placebo in studies of severe depression. Venlafaxine and mirtazapine have been found to be more effective than fluoxetine. CONCLUSION: SSRIs and TCAs are comparably effective for the treatment of severe or melancholic depression. SSRIs and other newer agents appear to be better tolerated than TCAs, specifically lacking adverse anticholinergic and cardiovascular effects that may limit the use of TCAs. Emerging data with venlafaxine and mirtazapine in severely depressed patients with or without melancholia support the efficacy of these treatments. Nefazodone and bupropion were found to be effective in hospitalized depressed patients. Electroconvulsive therapy (ECT) or combined antidepressant therapy may be useful in some patients with severe depression. Patients with severe psychotic depression may respond better to an antipsychotic-antidepressant combination.

L21 ANSWER 9 OF 9

MEDLINE on STN

L10           0 S L9 () L4  
 L11           3 S L9 AND L4  
 L12           0 S L11 AND REVIEW/DT  
 L13           3133 S CENTRAL () NERVOUS () SYSTEM () DISORDER?  
 L14           0 S L13 () L4  
 L15           6 S L13 AND L4  
 L16           0 S L15 AND REVIEW/DT  
 L17           3 S L15 AND L11  
 L18           3 S L15 NOT L11  
 L19           581669 S DEPRESSION? OR GENERALIZED () ANXIETY () DISORDER? OR PANIC ( L20           37 S L19 () L4  
 L21           9 S L20 AND REVIEW/DT

=> s neurodegenerative () disorder?  
 L22           20537 NEURODEGENERATIVE (W) DISORDER?

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 L23           0 L22 (W) L4

=> s l22 and 14  
 L24           7 L22 AND L4

=> s l24 and review/dt  
 L25           0 L24 AND REVIEW/DT

=> s anxiety or schizophrenia? or borderline () personality () disorder? or cocaine  
 L26           420912 ANXIETY OR SCHIZOPHRENIA? OR BORDERLINE (W) PERSONALITY (W)  
 DISORDER? OR COCAINE (W) ADDICTION? OR ALCOHOL (W) ADDICTION?  
 OR LATE (W) LUTEAL (W) PHASE (W) DYSPHORIC (W) DISORDER? OR  
 PRE-MENSTRUAL (W) SYNDROME? OR AUTISM? OR BULIMIA (W) NERVOSA?  
 OR GILLES (W) DE (W) LA (W) TOURETTE (W) SYNDROME?

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 L27           14 L26 (W) L4

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 L28           1 L27 AND REVIEW/DT

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L28 ANSWER 1 OF 1 HCAPLUS COPYRIGHT 2005 ACS on STN

 Full   
Text 

ACCESSION NUMBER:       2000:14375    HCAPLUS        
 DOCUMENT NUMBER:        132:44393  
 TITLE:                  Venlafaxine extended release (XR) in the treatment of  
 generalized anxiety disorder  
 AUTHOR(S):             Sheehan, David V.  
 CORPORATE SOURCE:       Institute for Research in Psychiatry, The University  
 of South Florida, Tampa, FL, USA  
 SOURCE:                Journal of Clinical Psychiatry (1999), 60(Suppl. 22),  
 23-28  
 CODEN:                JCLPDE; ISSN: 0160-6689  
 PUBLISHER:            Physicians Postgraduate Press, Inc.  
 DOCUMENT TYPE:        Journal; General Review  
 LANGUAGE:             English  
 AB    A review with 26 refs. This article reviews results of reports suggesting  
 that venlafaxine extended release (XR) may play an important role in the  
 treatment of anxiety disorders, particularly generalized anxiety disorder  
 (GAD). Statistically significant improvements in GAD for venlafaxine XR

compared with placebo on the basis of the Hamilton Rating Scale for Anxiety were seen in the acute treatment studies up to 8 wk and were maintained for 6 mo. One comparative study found venlafaxine XR to be as effective as, or on some measures more effective than, buspirone at relieving GAD. Venlafaxine XR was safe and well tolerated in the GAD studies, with discontinuation rates due to adverse effects similar to the rates seen with placebo or buspirone.

REFERENCE COUNT: 26 THERE ARE 26 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

=> s vasomotor () flushing or chronic () fatigue () syndrome or urinary () incontinence  
L29 810906 VASOMOTOR (W) FLUSHING OR CHRONIC (W) FATIGUE (W) SYNDROME OR URINARY (W) INCONTINENCE? OR CHRONIC (W) OBSTRUCTIVE (W) PULMONARY (W) DISEASE? OR PAIN OR POSTHERPETIC (W) NEURALGIA? OR SEXUAL (W) DYSFUNCTION?

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FILE 'REGISTRY' ENTERED AT 09:53:15 ON 18 NOV 2005

L1 STRUCTURE uploaded  
L2 0 S L1  
L3 0 S L1 FULL

FILE 'HCAPLUS, EMBASE, MEDLINE, BIOSIS' ENTERED AT 10:06:13 ON 18 NOV 2005

L4 8963 S VENLAFAXINE?  
L5 1901208 S ANALOG? OR METABOLITE?  
L6 2 S L5 () L4  
L7 0 S L6 AND REVIEW/DT  
L8 2 S L6 AND L4  
L9 9 S ACYLOXYALKYL () ETHER?  
L10 0 S L9 () L4  
L11 3 S L9 AND L4  
L12 0 S L11 AND REVIEW/DT  
L13 3133 S CENTRAL () NERVOUS () SYSTEM () DISORDER?  
L14 0 S L13 () L4  
L15 6 S L13 AND L4  
L16 0 S L15 AND REVIEW/DT  
L17 3 S L15 AND L11  
L18 3 S L15 NOT L11  
L19 581669 S DEPRESSION? OR GENERALIZED () ANXIETY () DISORDER? OR PANIC (37 S L19 () L4  
L21 9 S L20 AND REVIEW/DT  
L22 20537 S NEURODEGENERATIVE () DISORDER?  
L23 0 S L22 () L4  
L24 7 S L22 AND L4  
L25 0 S L24 AND REVIEW/DT  
L26 420912 S ANXIETY OR SCHIZOPHRENIA? OR BORDERLINE () PERSONALITY () DIS  
L27 14 S L26 () L4  
L28 1 S L27 AND REVIEW/DT  
L29 810906 S VASOMOTOR () FLUSHING OR CHRONIC () FATIGUE () SYNDROME OR UR

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L30 3 L29 (W) L4

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L31 0 L30 AND REVIEW/DT

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L30 ANSWER 1 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN

Full  
 Cited  
 Text  
 References

ACCESSION NUMBER: 2005:442251 HCAPLUS  
 DOCUMENT NUMBER: 143:359835  
 TITLE: Venlafaxine extended release in the treatment of painful diabetic neuropathy: a double-blind, placebo-controlled study. [Erratum to document cited in CA142:016658]  
 AUTHOR(S): Rowbotham, Michael C.; Goli, Veeraindar; Kunz, Nadia R.; Lei, Dean  
 CORPORATE SOURCE: UCSF Pain Clinical Research Center, Department of Neurology, University of California, San Francisco, CA, USA  
 SOURCE: Pain (2005), 113(1-2), 248  
 CODEN: PAINDB; ISSN: 0304-3959  
 PUBLISHER: Elsevier Ltd.  
 DOCUMENT TYPE: Journal  
 LANGUAGE: English

AB On page 703, the statement "On patient in the venlafaxine ER 75 mg group developed atrial fibrillation that was judged to be possibly treatment related, but remained in the study" is incorrect. That patient actually experienced occasional premature supraventricular complexes, not atrial fibrillation, which did not require medical intervention, and the patient completed the study. The clin. important ECG changes in the other three patients noted by the medical monitor were judged not to be related to treatment, and all three remained in the study.

L30 ANSWER 2 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN

Full  
 Cited  
 Text  
 References

ACCESSION NUMBER: 2004:621825 HCAPLUS  
 DOCUMENT NUMBER: 142:16658  
 TITLE: Venlafaxine extended release in the treatment of painful diabetic neuropathy: a double-blind, placebo-controlled study  
 AUTHOR(S): Rowbotham, Michael C.; Goli, Veeraindar; Kunz, Nadia R.; Lei, Dean  
 CORPORATE SOURCE: UCSF Pain Clinical Research Center, Department of Neurology, University of California, San Francisco, CA, USA  
 SOURCE: Pain (2004), 110(3), 697-706  
 CODEN: PAINDB; ISSN: 0304-3959  
 PUBLISHER: Elsevier Ltd.  
 DOCUMENT TYPE: Journal  
 LANGUAGE: English

AB To evaluate the efficacy and safety of 6 wk of venlafaxine extended-release (ER) (75 mg and 150-225 mg) treatment in patients with painful diabetic neuropathy. This multicenter, double-blind, randomized, placebo-controlled study included 244 adult outpatients with metabolically stable type 1 or 2 diabetes with painful diabetic neuropathy. Primary efficacy measures were scores on the daily 100 mm Visual Analog Pain Intensity (VAS-PI) and Pain Relief (VAS-PR) scales. Secondary efficacy measures included the Clin. Global Impressions-Severity of Illness and the Clin. Global Impressions-Improvement, Patient Global Rating of Pain Relief, and percentage of patients achieving 50% redn. in pain intensity. Baseline pain intensity was 68.7 mm (moderately severe). At week 6, the percentage redn. from baseline in VAS-PI was 27% (placebo), 32% (75 mg),

and 50% (150-225 mg). Mean VAS-PR scores in the 150-225 mg group were significantly greater than placebo at week 6 (44 vs. 60 mm). The no. needed to treat (NNT) for 50% pain intensity redn. with venlafaxine ER 150-225 mg was 4.5 at week 6. Nausea and somnolence were the most common treatment-emergent adverse events. Seven patients on venlafaxine had clin. important ECG changes during treatment. Venlafaxine ER appears effective and safe in relieving pain assocd. with diabetic neuropathy. NNT values for higher dose venlafaxine ER are comparable to those of tricyclic antidepressants and the anticonvulsant gabapentin.

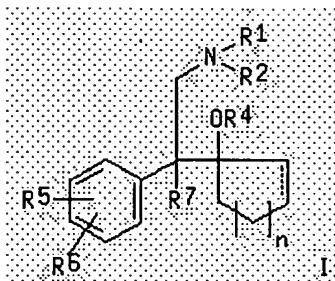
REFERENCE COUNT: 50 THERE ARE 50 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L30 ANSWER 3 OF 3 HCAPLUS COPYRIGHT 2005 ACS on STN

Full  Related  
 Text  References

ACCESSION NUMBER: 2003:931155 HCAPLUS  
 DOCUMENT NUMBER: 139:391365  
 TITLE: Methods of treating gastrointestinal and genitourinary pain disorders using venlafaxine and derivatives  
 INVENTOR(S): Karlstadt, Robyn Gail; Lynn, Richard Brian; Burton, Michael Scott; Danilewitz, Mervyn  
 PATENT ASSIGNEE(S): Wyeth, John, and Brother Ltd., USA  
 SOURCE: PCT Int. Appl., 17 pp.  
 CODEN: PIXXD2  
 DOCUMENT TYPE: Patent  
 LANGUAGE: English  
 FAMILY ACC. NUM. COUNT: 1  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
<u>WO 2003097029</u>	A1	20031127	<u>WO 2003-US15230</u>	20030515
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
<u>CA 2485736</u>	AA	20031127	<u>CA 2003-2485736</u>	20030515
<u>US 2004019101</u>	A1	20040129	<u>US 2003-438572</u>	20030515
<u>BR 2003010083</u>	A	20050215	<u>BR 2003-10083</u>	20030515
<u>EP 1505960</u>	A1	20050216	<u>EP 2003-753036</u>	20030515
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				
<u>JP 2005530779</u>	T2	20051013	<u>JP 2004-505028</u>	20030515
<u>PRIORITY APPLN. INFO.:</u>			<u>US 2002-381305P</u>	P 20020517
			<u>WO 2003-US15230</u>	W 20030515
OTHER SOURCE(S):	MARPAT	139:391365		
GI				



AB The invention provides a method of treating functional gastrointestinal and genitourinary disorders in a mammal by administering to the mammal an effective amt. of hydroxycycloalkane phenethylamine I where the dotted line represents optional unsatn.; R1, R7 = H, alkyl; R2 = alkyl; R4 = H, alkyl, formyl, alkanol; R5, R6 = H, OH, alkyl, alkoxy, alkanoyloxy, cyano, nitro, alkylmercapto, amino, alkylamino, dialkylamino, alkanamido, halo, trifluoromethyl, or, taken together, methylenedioxy; n is [0-4], or a pharmaceutically acceptable salt thereof.

REFERENCE COUNT: 12 THERE ARE 12 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

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(FILE 'HOME' ENTERED AT 09:53:06 ON 18 NOV 2005)

FILE 'REGISTRY' ENTERED AT 09:53:15 ON 18 NOV 2005

L1 STRUCTURE uploaded  
L2 0 S L1  
L3 0 S L1 FULL

FILE 'HCAPLUS, EMBASE, MEDLINE, BIOSIS' ENTERED AT 10:06:13 ON 18 NOV 2005

L4 8963 S VENLAFAXINE?  
L5 1901208 S ANALOG? OR METABOLITE?  
L6 2 S L5 () L4  
L7 0 S L6 AND REVIEW/DT  
L8 2 S L6 AND L4  
L9 9 S ACYLOXYALKYL () ETHER?  
L10 0 S L9 () L4  
L11 3 S L9 AND L4  
L12 0 S L11 AND REVIEW/DT  
L13 3133 S CENTRAL () NERVOUS () SYSTEM () DISORDER?  
L14 0 S L13 () L4  
L15 6 S L13 AND L4  
L16 0 S L15 AND REVIEW/DT  
L17 3 S L15 AND L11  
L18 3 S L15 NOT L11  
L19 581669 S DEPRESSION? OR GENERALIZED () ANXIETY () DISORDER? OR PANIC ( L20 37 S L19 () L4  
L21 9 S L20 AND REVIEW/DT  
L22 20537 S NEURODEGENERATIVE () DISORDER?  
L23 0 S L22 () L4  
L24 7 S L22 AND L4  
L25 0 S L24 AND REVIEW/DT  
L26 420912 S ANXIETY OR SCHIZOPHRENIA? OR BORDERLINE () PERSONALITY () DIS  
L27 14 S L26 () L4  
L28 1 S L27 AND REVIEW/DT  
L29 810906 S VASOMOTOR () FLUSHING OR CHRONIC () FATIGUE () SYNDROME OR UR  
L30 3 S L29 () L4  
L31 0 S L30 AND REVIEW/DT

=> s 14 () anal?  
L32 28 L4 (W) ANAL?

=> s 132 and central () nervous () system () disorder?  
L33 0 L32 AND CENTRAL (W) NERVOUS (W) SYSTEM (W) DISORDER?

=> s 14 () metabolite?  
L34 19 L4 (W) METABOLITE?

=> s 134 and central () nervous () system () disorder?  
L35 4 L34 AND CENTRAL (W) NERVOUS (W) SYSTEM (W) DISORDER?

=> s 135 and review/dt  
L36 0 L35 AND REVIEW/DT

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